

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/58 854	FILING DATE					
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1			51						
2		1		1			52						
3		1		1			53						
4		4		1			54						
5		5		1			55						
6		6		1			56						
7		7		1			57						
8		8		1			58						
9		9		1			59						
10		10		1			60						
11		11		1			61						
12		12		1			62						
13		13		1			63						
14		14		1			64						
15		15		1			65						
16		16		1			66						
17		17		1			67						
18		18		1			68						
19		19		1			69						
20		20		1			70						
21		21		1			71						
22		22		1			72						
23		23		1			73						
24		24		1			74						
25		25		1			75						
26		26		1			76						
27		27		1			77						
28		28		1			78						
29		29		1			79						
30		30		1			80						
31		31		1			81						
32		32		1			82						
33		33		1			83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	31	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			32				TOTAL CLAIMS						